

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1	1	1	1	1	51	51	51	51	51	51	51
2	1	1	1	1	1	1	52	52	52	52	52	52	52
3	1	1	1	1	1	1	53	53	53	53	53	53	53
4	3	3	3	3	3	3	54	54	54	54	54	54	54
5	3	3	3	3	3	3	55	55	55	55	55	55	55
6	3	3	3	3	3	3	56	56	56	56	56	56	56
7	3	3	3	3	3	3	57	57	57	57	57	57	57
8	3	3	3	3	3	3	58	58	58	58	58	58	58
9	3	3	3	3	3	3	59	59	59	59	59	59	59
10	3	3	3	3	3	3	60	60	60	60	60	60	60
11	1	1	1	1	1	1	61	61	61	61	61	61	61
12	1	1	1	1	1	1	62	62	62	62	62	62	62
13	1	1	1	1	1	1	63	63	63	63	63	63	63
14	3	3	3	3	3	3	64	64	64	64	64	64	64
15	3	3	3	3	3	3	65	65	65	65	65	65	65
16	3	3	3	3	3	3	66	66	66	66	66	66	66
17	3	3	3	3	3	3	67	67	67	67	67	67	67
18	3	3	3	3	3	3	68	68	68	68	68	68	68
19	3	3	3	3	3	3	69	69	69	69	69	69	69
20	3	3	3	3	3	3	70	70	70	70	70	70	70
21	3	3	3	3	3	3	71	71	71	71	71	71	71
22	1	1	1	1	1	1	72	72	72	72	72	72	72
23	1	1	1	1	1	1	73	73	73	73	73	73	73
24	1	1	1	1	1	1	74	74	74	74	74	74	74
25	1	1	1	1	1	1	75	75	75	75	75	75	75
26	1	1	1	1	1	1	76	76	76	76	76	76	76
27	1	1	1	1	1	1	77	77	77	77	77	77	77
28	1	1	1	1	1	1	78	78	78	78	78	78	78
29	1	1	1	1	1	1	79	79	79	79	79	79	79
30	1	1	1	1	1	1	80	80	80	80	80	80	80
31	1	1	1	1	1	1	81	81	81	81	81	81	81
32	1	1	1	1	1	1	82	82	82	82	82	82	82
33	1	1	1	1	1	1	83	83	83	83	83	83	83
34	1	1	1	1	1	1	84	84	84	84	84	84	84
35	1	1	1	1	1	1	85	85	85	85	85	85	85
36	1	1	1	1	1	1	86	86	86	86	86	86	86
37	1	1	1	1	1	1	87	87	87	87	87	87	87
38	1	1	1	1	1	1	88	88	88	88	88	88	88
39	1	1	1	1	1	1	89	89	89	89	89	89	89
40	1	1	1	1	1	1	90	90	90	90	90	90	90
41	1	1	1	1	1	1	91	91	91	91	91	91	91
42	1	1	1	1	1	1	92	92	92	92	92	92	92
43	1	1	1	1	1	1	93	93	93	93	93	93	93
44	1	1	1	1	1	1	94	94	94	94	94	94	94
45	1	1	1	1	1	1	95	95	95	95	95	95	95
46	1	1	1	1	1	1	96	96	96	96	96	96	96
47	1	1	1	1	1	1	97	97	97	97	97	97	97
48	1	1	1	1	1	1	98	98	98	98	98	98	98
49	1	1	1	1	1	1	99	99	99	99	99	99	99
50	1	1	1	1	1	1	100	100	100	100	100	100	100
TOTAL IND.			2										
TOTAL DEP.		19											
TOTAL CLAIMS		2											